INSTRUCTIONS
SHORT-TERM DISABILITY - PHYSICIAN'S CERTIFICATION

Short-Term Disability (STD) benefits begin on the 8th calendar day unless hospitalized, in which case, benefits begin the first day of hospitalization. Hospitalization is defined as registered bed patient upon recommendation of physician.

When approved, STD benefits are available through the 180th day of disability, starting with the first day, as documented by the attending physician.

For planned surgical procedures, submit completed form no earlier than 10 calendar days prior to the procedure. In the case of any change to the planned procedure, notify your Benefits office

To apply for disability benefits:

EMPLOYEE RESPONSIBILITY:

- **Complete Part 1 of the *Short-Term Disability - Physician's Certification Form*.**
- **Provide this form to your attending physician and ask him/her to complete Part 2. Your physician completing this form will authorize necessary absence of up to 35 calendar days due to illness or injury. Be aware that your employer reserves the right to ask a third party to contact your doctor to confirm your disability status at any time during the 35 days.**
- ***Should the diagnosed medical condition necessitate an absence beyond 35 calendar days, contact CIGNA In-Take on 1-800-362-4462 as soon as possible to minimize process delay.***
- **STD benefits beyond the 35th day will require additional supporting medical information from your doctor and approval by the third party disability plan administrator.**

ATTENDING PHYSICIAN'S RESPONSIBILITY:

- **Consider the employee's medical condition in the context of his/her regular job duties and responsibilities. Review, with the employee, whether this condition requires absence from work.**
- **Complete and sign Part 2 of the *Short-Term Disability - Physician's Certification Form,* and mail to the individual's employer at the address listed at the bottom of the form. The completed and signed form can authorize disability benefits for up to 35 days.**
- **If the disability will continue beyond the 35th day, be prepared to provide the third party disability plan administrator with additional medical information to support continued benefits.**

SHORT-TERM DISABILITY - PHYSICIAN'S CERTIFICATION
Hanford Employee Welfare Trust (HEWT)

PART 1 - TO BE COMPLETED BY EMPLOYEE

Employee Name (Last, First, MI) _____ Social Security No. _____

Manager's Name _____ Telephone No. _____

Employer _____ Work Location _____

Home Address (Street/PO Box) _____ Check if New Address ☐

City _____ State and Zip Code _____

Home Phone _____ Work Phone _____ Job Classification: O&E ☐ HAMTC ☐ HGU ☐

Employee Signature: _____ Date: _____

PART 2 - TO BE COMPLETED BY PHYSICIAN

The employee listed above is under my professional medical care.

- I am familiar with the duties and responsibilities of his/her job; and in my medical opinion, he/she will be unable to perform the duties of his/her job for the time period specified on this form.
- I understand that this certification can qualify the named individual for employer-sponsored disability benefits for no more than 35 calendar days. I acknowledge that the plan sponsor reserves the right to have a qualified third-party disability plan administrator request additional information for the purpose of confirming the employee's continuing disability.
- In order for disability benefits to be paid beyond the 35th day, I understand that I will be asked to provide additional and detailed medical information supporting the absence to the third party designated by the sponsoring employer.

Due to illness or injury, the employee listed above will be unable to perform his/her job duties and responsibilities for the following time period:

From (date): _____ To (date): _____

Admitted to hospital? ☐ Yes ☐ No

If Yes, Date Admitted: _____ Date Discharged: _____

Physician's Name (Please Print): _____

Physician's Phone No.: _____

Physician's Mailing Address - Street/City: _____

State: _____ ZIP: _____

Physician's Signature: _____ Date: _____

Return Completed Form To:

Fluor Hanford, Inc.
Benefits Administration
P.O. Box 1000 H2-23
Richland, WA 99352
(509) 376-9723

OR

Bechtel Hanford, Inc.
Benefits Administration
3350 George Washington Way H0-06
Richland, WA 99352
(509) 375-4652

NOTE: If this form is not completed **in full**, processing may be delayed.
To apply for disability benefits beyond the 35th day, the employee must contact the disability benefit, third-party administrator, CIGNA, at 1-800-362-4462. Failure to do so may result in delayed STD payments.